

PART B - FEE(S) TRANSMITTAL

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000570 7590 05/01/2006

AKIN GUMP STRAUSS HAUER & FELD LLP
 ONE COMMERCE SQUARE
 2005 MARKET STREET, SUITE 2200
 PHILADELPHIA, PA 19103

07/28/2006 MWOLGE2 00000014 10073607

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP

03 FEEPA01 FILING DATE 07/28/2006



JUL 27 2006

PTO

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<i>Donna Marks</i>		(Depositor's name)
<i>Donna Marks</i>		(Signature)
<i>July 25, 2006</i>		(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/01/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
KIM, JENNIFER M		1617	514-635000		

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR THE TREATMENT OF ALOPECIA AND OTHER DISORDERS OF THE PILOSEBACEOUS APPARATUS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<ol style="list-style-type: none"> 1 <i>Akin Gump</i> 2 <i>Strauss Hauer</i> 3 <i>& Feld, LLP</i>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Orentreich Foundation for the
 Advancement of Science, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1017 (enclose an extra copy of this form). *any discrepancy*

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Alan S. Nadel

Typed or printed name Alan S. Nadel

Date July 24, 2006

Registration No. 27,363

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